



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Application No.: 09/921,143

Docket No.: PF112P6

Timothy A. Coleman

Confirmation No.: 6449

Filed: August 3, 2001

Art Unit: 1636

For: Vascular Endothelial Growth Factor 2

Examiner: C. X. Qian

RESPONSE UNDER 37 C.F.R. § 1.111

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed March 9, 2004 (Paper No.0304), please consider the following amendments and remarks. Applicants submit concurrently herewith a Fee Transmittal Sheet (in duplicate).

Amendments to the claims begin on page 2.

Remarks begin on page 3.

Insertions are shown by underlining. Deletions are shown by strikethrough.

MAY 1 9 2004

PTO/SB/17 (10-03) Approved for use through 7/31/2006. OMB 0651-0032

TRUMBER the Paperwork Reduction Act of 1995, no persons are requ	uired to	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERC ired to respond to a collection of information unless it displays a valid OMB control number							
FFF TRANSMITTAL	FEE TRANSMITTAL Application Number					omplete if Known 09/921,143-Conf. #6449			
			- 11 						
for FY 2004			Filing Date August 3, 2001				-		
Effective 10/01/2003, Patent fees are subject to annual revision.			First Named Inventor			Timothy A. Coleman			
			Examiner Name			C. X. Qian			
Applicant claims small entity status. See 37 CFR 1.27		Attonic				1636			
TOTAL AMOUNT OF PAYMENT (\$) 0.00		Attorney Docket No.				PF112P6			
METHOD OF PAYMENT (check all that apply)	<u> </u>	FEE CALCULATION (continued)							
Check Credit Money Order Other None X Deposit Account:	3. ADDITIONAL FEES								
Deposit Account 08-3425	Fee	arge Entity Small Entity							
Account 08-3425 Number		(\$)	Code	(\$)		Fee Desc	Fee Paid		
Deposit Account Human Genome Sciences, Inc.	1051	130	2051	65	-	- late filing fee			
Name The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge - sheet.	– late provisio	nal filing fee or cover	1	
Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-English	h specification	1		
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	For filing a re	equest for ex p	arte reexamination		
Charge fee(s) indicated below, except for the filling fee	1804	920*	1804	920*	Examiner a	publication o	•		
to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting Examiner a	publication o	f SIR after		
FEE CALCULATION	1251	110	2251	55		or reply within	first month		
1. BASIC FILING FEE	1252	420	2252	210	Extension for	or reply within	second month		
Large Entity Small Entity	1253	950	2253	475	Extension for	or reply within	third month		
Fee Fee Fee Fee Fee Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension for	or reply within	fourth month	-	
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension for	or reply within	fifth month		
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal				
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brie	ef in support o	f an appeal		
1004 770 2004 385 Reissue filing fee	1403		2403	145	•	r oral hearing			
1005 160 2005 80 Provisional filing fee	1451		1451				lic use proceeding		
SUBTOTAL (1) (\$) 0.00	1452 1453		2452 2453	55 665		evive – unavo evive - uninte			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665		fee (or reissu	:		
Extra Fee from	1502	•	2502	240	Design issu	•	,		
Total Claims 6 -20** = x = 0.00	1503		2503	320	Plant issue				
Independent 2 3** = 0.00	1460		1460	130		the Commiss	ioner		
Claims	1807	50	1807	50	Processing	fee under 37	CFR 1.17(a)		
	1806		1806	180	_				
Large Entity Small Entity Fee Fee	li .					bmission of Information Disclosure Stmt ecording each patent assignment per			
Code (\$) Code (\$)	8021	40	8021	40	property (tir	rty (times number of properties) a submission after final rejection			
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	(37 CFR 1.	37 ČFR 1.129(a))			
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385		or each additional invention to be xamined (37CFR 1.129(b))			
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385	•	equest for Continued Examination (RCE)			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 Other	12 900 1802 900 Request for expedited examination of a design application er fee (specify)							
SUBTOTAL (2) (\$) 0.00	ł	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00							
**or number previously paid, if greater; For Reissues, see above									
SUBMITTED BY			(Complete (if applicable))						
Name (Print/Type) Melissa J. Pytel Registration No. (Attorney/Agent) 41,512						Telephone	(301) 610-5764		
Signature						Date	May 19.7	2084	